

BLOOD LEAD TESTING PROVIDER FAQ

Why is blood lead testing important?

Lead exposure through various sources can be occurring through lead found in soils, paints, dust, spices, dishware, makeup, water, various hobbies and occupations. It only takes a small amount of lead to poison a child to the extent that they have health effects, such as behavioral issues and learning disabilities. Lead poisoning has very few visible symptoms and the only way to know for sure if a child has been poisoned is through blood testing.

What is the difference between screening and testing?

A blood lead screening consists of asking the patient or patient's guardian a series of questions to determine if certain risk factors are present, such as those on the Lead Risk Questionnaire. A test is when a blood sample is taken, either capillary or venous, and the sample is tested for the presence of lead. Screening should not be substituted for testing when it is recommended that testing be conducted.

Why is it important to ask the full risk questionnaire?

It is important to perform screenings using the Lead Risk Questionnaire as recommended during checkup appointments. The screening is an opportunity to talk with the patient or patient's guardian about any changes that may have increased the number of risk factors a child is exposed to. This could include changes such as the relocation of the family, new employment, new hobbies, remodeling, etc. However, it is important to remember that risk factor questions are not a reliable way to determine how much lead is in a child's body. The only definitive way to know whether lead exposure has occurred is to test.

Why does KDHE require certain patient information to be submitted with blood lead testing results?

All blood lead testing results, whether they are non-elevated or elevated, along with other required information, are required to be submitted to KDHE per K.A.R. 28-1-1 through 28-1-23. The required information is necessary for disease surveillance purposes and to assist with case management. It is important for this information to be as accurate as possible.

What is being done with elevated blood lead test results?

When a child's blood lead test result is greater than or equal to 3.5 micrograms per deciliter the case is routed to the local health department for further follow-up with the child's family and physician. The local health department will investigate and try to determine the source(s) of lead exposure.

Why is KDHE conducting surveillance?

Surveillance is an important component of public health. Blood lead poisoning is a notifiable condition in Kansas. This information is used to understand and calculate the prevalence of childhood blood lead poisoning in Kansas. Cases are monitored by KDHE and information is provided to providers and local health departments about elevated cases. Local health departments rely on the accuracy of information reported to the KDHE surveillance system to perform patient follow-up and conduct investigations to help prevent the child and/or family from further exposure.

Why does KDHE need the non-elevated blood lead test results?

All blood lead test results are required to be submitted to KDHE per regulations K.A.R. 28-1-1 through 28-1-23. Non-elevated blood lead test results are necessary for surveillance purposes, to conduct analyses, and to follow patient case management over time. To calculate the rate of elevated blood lead children among those tested, information is needed on the total number of children tested.

What is the importance of following the KDHE Disease Investigation Guideline?

The Elevated Blood Lead Disease Investigation Guideline and Case Management Algorithm is used to provide standardized guidelines and procedural steps to follow when providing patient care and case management. It is important that steps are taken to identify lead sources to reduce the patient's exposure to lead and track blood lead levels to ensure that levels decrease over time.

Why do Lead Care II point-of-care owners have to report their results?

A Lead Care II test result is considered a capillary test result and all results whether they are capillary or venous blood need to be reported. If a capillary test result is elevated, then the patient requires confirmatory testing to be done via a venous blood test.

What does a non-detect result mean and why do they have to be submitted?

A non-detection result means the level of lead in the patient's blood is below the limit of detection for the laboratory instrument. This does not mean that the level of lead in the patient's blood is zero. All blood lead test results, regardless of level, are required to be reported to KDHE.